

Department of Industrial Accidents

Prospective Review Procedure - Request for Additional Medical/Clinical Information

Definition:

Utilization review conducted prior to a patient's health care service(s) or course of treatment, including but not limited to, outpatient procedures, office visits, durable medical equipment and some pharmaceuticals. May also include services for which care has been initiated prior to the request for prospective review that will:

- 1) continue prospectively (such as a PT evaluation prior to a request for prospective review of condition/diagnosis requiring physical therapy) and;
- 2) have the same treatment provider and;
- 3) have the same condition/diagnosis and ICD-9 code.

Notice of determination must occur within *two (2)* business days of the receipt of request for determination and the receipt of all information necessary to complete the review.

I. Procedure for Request of Additional Medical Information:

1. **Day 1:** Initial licensed UR reviewer receives a written request for UR review, conducts review and determines need for additional medical information.
2. **Day 2:** Initial licensed UR reviewer sends letter to OP requesting additional medical/clinical information. Letter describes the type of medical information required to complete the review.
3. Date of request for medical information and date of receipt of medical/clinical information shall be documented in UR case notes.
4. Request letter shall inform OP they have a maximum of *seven (7)* business days from the date of request for medical information, to forward the required medical information to complete review.
5. Request letter shall also inform OP if the required medical information is not received on or before the *seventh (7th)* business day from the date issuance of request letter, the UR reviewer will issue determination on existing medical/clinical information.

II. Procedure for Non-Receipt of Medical Information:

A. No Medical Information Received by Initial UR Reviewer:

1. **Day 7:** Initial licensed UR reviewer receives no response to their request for additional clinical/medical information. Initial licensed UR reviewer forwards UR request and existing medical/clinical information to their Medical Director for review. The Medical Director conducts a review of the existing medical/clinical information and determines medical necessity based on guidelines/review criteria, and clinical/medical information. UR agent issues prospective review determination within two (2) business days from day (7) seven.

III.

A. Medical/Clinical Information Received and Request Approved by Initial Licensed UR Reviewer

1. **Date of Receipt of Requested Medical/Clinical Information:** Medical information is received by initial licensed UR reviewer as requested. Date of receipt of medical/clinical

information is recorded in UR case notes. Initial licensed UR reviewer conducts review for medical necessity based on guidelines/review criteria.

2. **Day 2 - After receipt of medical information:** Initial licensed UR reviewer determines approval of request based on guidelines/review criteria. Approval letter sent within *two* (2) business days of receipt of medical/clinical information. Date of request and date of receipt of medical/clinical information is recorded in UR case notes. Approval letter includes guideline/review criteria and clinical rationale.

B. Medical Information Received- Licensed Initial UR Reviewer Unable to Approve Request.

1. **Date of Receipt of Requested Medical/Clinical Information:** Medical/clinical information is received by initial licensed UR reviewer as requested. Date of receipt of medical/clinical information is recorded in UR case notes. Initial licensed UR reviewer completes review of medical/clinical information based on guidelines/review criteria, and determines the need for same school/peer review. Initial licensed UR reviewer forwards medical/clinical information, treatment guideline/review criteria and clinical rationale to same school/peer reviewer. Date of request for same school/peer review is documented in UR case notes.

IV. Medical Information Received and Forwarded for Same-School/Peer Review:

A. Request Approved by Same-School/Peer Reviewer within Two (2) Business Days of Receipt of Medical/Clinical Information.

1. **Date of Receipt of Requested Medical/Clinical Information:** Same-school/peer reviewer receives referral request for review from initial licensed UR reviewer and conducts review.
2. **Day 2 - After receipt of medical information:** Same school/peer reviewer determines no additional medical/clinical information is required, and issues approval determination.
3. UR agent issues approval letter within (2) two business days from date of receipt of medical/clinical information by school/peer reviewer. Approval letter includes guideline/review criteria and clinical rationale.

Example:

1. UR request received on 6/1/05 by initial licensed UR reviewer.
2. Review conducted by initial licensed UR reviewer.
3. 6/1/05 - Initial licensed UR reviewer sends request for additional medical/clinical information faxed to OP.
4. OP has (7) seven business days to forward requested medical/clinical information.
5. Medical/clinical information requested is received by initial licensed UR reviewer on 6/4/05. Date of receipt of medical/clinical information is recorded in UR case notes.
6. On 6/4/05 initial licensed UR reviewer completes review of all medical/clinical information received and determines need for same-school/peer review. Referral to same-school/peer reviewer is sent and includes treatment guidelines/review criteria and clinical rationale for school/peer review.
7. On or before 6/6/05 (2 business days from receipt of medical/clinical information)

the same school/peer reviewer conducts review and issues approval. Approval letter

8. sent within (2) two business days from date of receipt of all medical/clinical information.

B. Medical Information Received and Forwarded for Same-School/Peer Review: Request Adversely Determined by Same-School/Peer Reviewer within (2) business days of receipt of medical/clinical information.

1. **Date of Receipt of Requested Medical/Clinical Information:** Same-school/peer reviewer receives referral request for review from initial licensed UR reviewer and conducts review.
2. **Day 2 – After receipt of medical information:** Same school/peer reviewer determines no additional medical/clinical information is required, completes review and issues adverse determination.
3. UR agent forwards adverse determination letter within (2) two business days from date of receipt of medical/clinical information. Adverse determination letter includes identifier/name and school of reviewer, guideline/review criteria applied, clinical rationale and appeal procedure.

C. Medical Information Received and Forwarded for Same-School/Peer Review: Same-School/Peer Reviewer Determines Need for Additional Medical Information after receipt of medical/clinical information from initial licensed UR reviewer.

1. **Date of Receipt of Requested Medical/Clinical Information:** Same-school/peer reviewer receives referral request for review from initial licensed UR reviewer and conducts review.
2. **Day 2 – After receipt of medical information:** Same school/peer reviewer conducts review and determines further additional medical/clinical information is required. UR Agent sends letter to OP requesting additional medical/clinical information. Letter describes the type of medical information required to complete the review. Date of request for medical information and date of receipt of medical/clinical information shall be documented in UR case notes.
3. Request letter shall inform OP they have a maximum of *seven (7)* business days from date of request for medical information, to forward the required medical information to complete review or to contact same-school/peer reviewer.
4. Request letter shall also inform OP if the required medical information is not received on or before the *seventh (7)* business day from the date issuance of request letter, the same-school/peer reviewer will base their determination on existing medical/clinical information.

D. Procedure for Non-Receipt of Medical Information by Same School/Peer Reviewer

1. **Day 7:** Same-school peer reviewer receives **no** response to their request for additional clinical/medical information. UR agent issues prospective adverse determination within two business days. Adverse determination letter includes identifier/name and school of same-school reviewer, guideline/review criteria, clinical rationale and appeal procedure. Date of request for medical information and response date is recorded in UR case notes.

E. Medical/Clinical Information Received and Request Approved by Same-School/Peer Reviewer:

1. **Date of Receipt of Requested Medical/Clinical Information:** Medical information is received by same-school/peer reviewer. Date of receipt of medical/clinical information is recorded in UR case notes. Same-school/peer reviewer conducts review for medical necessity based on guidelines/review criteria.
2. **Day 2 – After receipt of medical information:** Same-school/peer reviewer determines approval based on guidelines/review criteria. UR agent sends Approval letter within *two* (2) business days of receipt of medical/clinical information. Date of request and date of receipt of medical/clinical information is recorded in UR case notes. Approval letter includes guideline/review criteria and clinical rationale.

F. Medical/Clinical Information Received and Request Adversely Determined by Same-School/Peer Reviewer:

1. **Date of Receipt of Requested Medical/Clinical Information:** Medical information is received by same-school/peer reviewer. Date of receipt of medical/clinical information is recorded in UR case notes. Same-school/peer reviewer conducts review for medical necessity based on guidelines/review criteria.
2. **Day 2 – After receipt of medical information:** Same-school/peer reviewer issues adverse determination based on guidelines/review criteria. UR agent sends adverse determination letter sent within *two* (2) business days of receipt of medical/clinical information.
3. Date of request and date of receipt of medical/clinical information is recorded in UR case notes. Adverse determination letter includes guideline/review criteria, clinical rationale, identifier/name and school of reviewer and appeal procedure.